

NCA 23 Rev. 5/98		FINANCIAL AFFIDAVIT	
IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE			
IN UNITED STATES <input type="checkbox"/> MAGISTRATE <input type="checkbox"/> DISTRICT <input type="checkbox"/> APPEALS COURT or <input type="checkbox"/> OTHER PANEL (Specify below)		LOCATION NUMBER	
IN THE CASE OF _____ V.S. _____		FOR _____	
_____ AT _____		_____	
PERSON REPRESENTED (Show your full name) Louis Paradiso		1 <input checked="" type="checkbox"/> Defendant—Adult 2 <input type="checkbox"/> Defendant - Juvenile 3 <input type="checkbox"/> Appellant 4 <input type="checkbox"/> Probation Violator 5 <input type="checkbox"/> Parole Violator 6 <input type="checkbox"/> Habeas Petitioner 7 <input type="checkbox"/> 2255 Petitioner 8 <input type="checkbox"/> Material Witness 9 <input type="checkbox"/> Other	
CHARGE/OFFENSE (describe if applicable & check box -->) <input type="checkbox"/> Felony <input type="checkbox"/> Misdemeanor		DOCKET NUMBERS Magistrate District Court 04-10231-MLW Court of Appeals	

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY													
EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self-Employed												
	Name and address of employer: <u>Collect UNEMPLOYMENT</u>												
	IF YES, how much do you earn per month? \$ <u>1300.00</u>		IF NO, give month and year of last employment										
	How much did you earn per month? \$ _____												
ASSETS	If married is your Spouse employed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
	IF YES, how much does your Spouse earn per month? \$ <u>2400.00</u>		If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____										
	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
	<table style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">RECEIVED</th> <th style="width: 50%; text-align: center;">SOURCES</th> </tr> <tr> <td colspan="2" style="padding: 5px;">IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> </table>			RECEIVED	SOURCES	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES		\$ _____	_____	\$ _____	_____	\$ _____	_____
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IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY THE SOURCES													
\$ _____	_____												
\$ _____	_____												
\$ _____	_____												
CASH	Have you any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, state total amount \$ _____												
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												
	<table style="width: 100%;"> <tr> <th style="width: 50%; text-align: center;">VALUE</th> <th style="width: 50%; text-align: center;">DESCRIPTION</th> </tr> <tr> <td colspan="2" style="padding: 5px;">IF YES, GIVE THE VALUE AND \$ DESCRIBE IT</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> <tr> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">_____</td> </tr> </table>			VALUE	DESCRIPTION	IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		\$ _____	_____	\$ _____	_____	\$ _____	_____
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		MARITAL STATUS	Total No. of Dependents	List persons you actually support and your relationship to them
OBLIGATIONS & DEBTS	DEPENDENTS	<input type="checkbox"/> SINGLE	<u>0</u>	<u>Wife, stepson</u>
		<input checked="" type="checkbox"/> MARRIED		
		<input type="checkbox"/> WIDOWED		
		<input type="checkbox"/> SEPARATED OR DIVORCED		
DEBTS & MONTHLY BILLS <small>(LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)</small>	APARTMENT OR HOME: _____			
	Creditors			
	Total Debt			
	Monthly Paymt.			
<u>Home Hold Bank</u>		\$ <u>200.00</u>	\$ _____	
<u>Rent</u>		\$ <u>700.00 mth</u>	\$ _____	
<u>Utility Bill</u>		\$ <u>150.00</u>	\$ _____	
\$ _____		\$ _____	\$ _____	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date)

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

9/28/04

Louis Paradiso